

# UNDERGRADUATE DEGREE VERIFICATION FORM

**TENNESSEE BOARD OF LAW EXAMINERS**

401 Church Street, Suite 2200

Nashville, TN 37243-0740

**INSTRUCTIONS:** Complete the following authorization and release statement and type or print your name and social security number in the place provided below. DO NOT write in the remainder of the form. This form should be forwarded to the Dean of your undergraduate school or other appropriate official for completion. The completed form should be forwarded directly by your undergraduate school to the office of the Administrator for the Tennessee Board of Law Examiners at the above address.

**TO BE COMPLETED BY APPLICANT:**

I, \_\_\_\_\_, authorize and request every person, firm, company, corporation, governmental agency, court, association, or institution having control of any documents, records, and other information pertaining to me to furnish to the Tennessee Board of Law Examiners any such information, including documents, records, or any other pertinent data, and to permit the Tennessee Board of Law Examiners or any of their agents or representatives to inspect and make copies of such documents, records and other information. I hereby release, discharge and exonerate the Tennessee Board of Law Examiners, its agents and representatives, and any persons so furnishing information from any and all liability of every kind and nature arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Tennessee Board of Law Examiners or its investigating agencies.

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )  
SS.)

Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public  
My Commission expires: \_\_\_\_\_

Name of Applicant

Social Security Number

**TO BE COMPLETED BY UNDERGRADUATE SCHOOL:**

# CERTIFICATE OF DEAN OF UNDERGRADUATE SCHOOL

I, the undersigned, do certify that the above-named applicant attended \_\_\_\_\_ for \_\_\_\_\_ years, and received a \_\_\_\_\_ degree from said institution. I further certify that this person's record is clear from the standpoint of integrity and scholarship.

(School seal required)

Date \_\_\_\_\_

Signature of school official